The impulse to suicide appertains to the rapid form of alcoholic intellectual troubles; it is to be remarked that those insane do not even deliberately make the attempt. Nevertheless, we find some cases of prolonged and persistent mania; these are generally the most dangerous to society, and this rare form may be designated under the name of *ebrious ferocity.* The author quotes in relation to this some experiments of M. Magnan. These are the forms appertaining to subacute alcoholism, before there exist any profound visceral alterations.

M. Leudet terminates his memoir with a study of the mental condition in chronic alcoholism. The patient who has reached the cachectic period often presents intellectual troubles that are little distinguishable from those observed in other mental disorders; nevertheless we may note more particularly among them certain hallucinations, and especially a great tendency to melancholy; they are only exceptionally the characteristics of exalted delirium (*delire ambitieuse*). Arrived at the last degrees of cachexia the alcoholic aliens finish in idiocy.

In general, the mental disorders of subacute alcoholism recover, but those of the cachectic period often become permanent.

APOPLECTIFORM BULBAR PARALYSIS. At the session of the medical section of the Schlesische Gesellschaft of Vaterlaendische Cultur, Feb. 4, 1876, (reported in the *Berliner klin. Wochenschr.* No. 12.) Dr. Lichtheim spoke of bulbar paralysis and its relations to disorders of the lateral columns of the cord. He mentioned a case in which he had demonstrated the simultaneous occurrence of three separate affections. (1) bulbar paralysis; (2) muscular atrophy, of the ball of the thumb and the interossei of both hands, and (3) sclerosis of the lateral column of the spinal cord, paralysis and stiffness of the muscles of the extremities, with intact sensibility and a remarkable exaggeration of the sinew reflex. He remarked on the great similarity of this combination to that described by Charcot under the name of amyotrophic lateral sclerosis, but suggested still on the other hand, that this case probably differed from those described by Charcot in the development and grouping of the symptoms. In the case of a lady there was, many years before, a right cerebral hemiplegia with aphasia coming on without any apoplectic attack, but which gradually disappeared almost completely. Six years ago she was suddenly taken with symptoms of bulbar paralysis, to which, in a few hours there was added a complete paralysis, first of the left then of the right side. She was perfectly motionless, speechless, and almost incapable of swallowing. Her condition gradually improved more and more, but has been almost stationary the last two years. The patient is remarkable at present on account of the muscular rigidity which is especially marked in the lower extremities, and the sinew-reflex, which can be demonstrated in the most insignificant superficial sinews. In this case also, the disease commenced at once with all its symptoms, then gradually improved for a long time, and has lately been stationary. The disease described by Charcot, on the other hand, spread gradually from the upper to the lower extremities and ended with bulbar paralysis; its progress was steady and it is of relatively short duration, in the rule not exceeding two years. After reviewing the anatomical facts of bulbar paralysis, Dr. Lichtheim asked the question whether the affection of the lateral columns was primary, or whether it is to be considered as due to a descending secondary degeneration, proceeding from the original point of lesion in the medulla. The atrophy of the hand is not a fact against the theory of a secondary degeneration, since this might affect also the motor ganglion cells of the anterior horns. On the other hand, the fact that the lower extremities were much more seriously affected than the upper, is of weight as against the probability of any secondary degeneration.

ATHETOSIS AND POST-HEMIPLEGIC DISORDERS OF MOVEMENT.—At the session of the Royal Medical and Chirurgical Society, May 9th, (rep. in *Brit. Med. Journal*, May 13.) Dr. W. R. Gowers read a paper on athetosis and the motor disorders following hemiplegia. He presented two cases of the first named affection and discussed its relations with other unilateral motor symptoms. One of his cases presented slow involuntary movements leading to various distortions of the hand, and a similar although less striking, condition in the foot. The movement had supervened on a slight attack of hemiplegia; under electrical treatment the spontaneous movements, after existing two years ceased, only incoordination of voluntary movement remaining. In the other case, the movements were slight, and only characteristic when the hand was extended. They had been preceded for some time by unilateral numbness. It was pointed out that neither the clinical history, nor the supposed pathology of athetosis, afforded grounds for separating it from other forms of disordered movement commonly seen after hemiplegia, but any one of which might occur as a primary affection. The essential element in athetosis was a slow, remitting, mobile spasm, and it differed from the common post-hemiplegic contracture chiefly in the absence of fixed spasm. The varieties of quick intermitting spasm, regular and irregular, were then described, and its effect in producing incoordination, both choreiform and violent. In a case of extreme inco-ordination of the arm after hemiplegia, the necropsy showed a cicatricial induration extending through the middle of the optic thalamus. There was no secondary degeneration of the spinal cord. In "late rigidity" it was pointed out, two elements might be discovered; one varying, ceasing during sleep, increased by an attempt at movement; the other unvarying. The latter only was to be referred to changes in the cord and muscle; the former possessed many features in common with mobile spasm, and was probably to be referred to brain changes. Several illustrative cases were shown, and a table was exhibited, grouping the various disorders of movement under the three heads of "intermitting," "remitting," and "fixed spasm."